

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | 19 | 5-8-01 |
| FORMALITY REVIEW | MH | 920 | 05-18-01 |
| RESPONSE FORMALITY REVIEW | MD | 282 | 03/05/02 |

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) ... Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

| Claim | Date |
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| Claim | Date |
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If more than 150 claims or 10 actions,
staple additional sheet here

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BEST AVAILABLE COPY

50 78
 03/26/02
 L.L.
 05/21/01